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SAN BERNARDINO COUNTY

Department of Behavioral Health
Substance Use Disorder and Recovery Services

San Bernardino County DBH-SUDRS CalOMS Standard Discharge

First Name		**Last Name**	
Social Security Number		**Client ID**	
Counselor Name		**Date**	

Discharge

Date of Discharge

Please enter date of discharge. _____

Time of Discharge

Please enter time of discharge. _____

Discharge Practitioner

Please enter the name of the discharging practitioner that is closing the CalOMS episode.
_____

Type of Discharge

Please select the type of CalOMS **Standard** Discharge (check appropriate box):

☐Completed treatment/recovery plan, goals/referred/standard (status 1)
☐Completed treatment/recovery plan, goals/not referred/standard (status 2)
☐Left before completion with satisfactory progress/referred/standard (status 3)
☐Left before completion with unsatisfactory progress/referred/standard (status 5)

Demographics

Address
Please enter the client's address with city, county and state.

Ask: What is your address at your current residence? _____

Ask: What is the city at your current residence? _____

Ask: What is the county at your current residence? _____

Ask: What is the state at your current residence? _____

Zip Code
Please enter the client's current zip code.

Ask: What is your zip code? _____

Home Phone Number
Please enter the client's phone number.

Ask: What is your current home phone number? _____

Education

Highest School Grade Completed
Please select the client's highest school grade completed (check appropriate box):

Ask: What is the highest school grade you completed?

☐1 Year Preschool
☐2 Years Or More Preschool
☐1 Year
☐2Years
☐3 Years
☐4 Years
☐5 Years
☐6 Years
☐7 Years
☐8 Years
☐9 Years
☐10 Years
☐11 Years
☐12 Years
☐13 Years
☐14 Years
☐15 Years
☐16 Years
☐17 Years
☐18 Years
☐19 Years
☐20+ Years
☐1 Year Special Education
☐2 Years Or More Special Education
☐1 Year Vocational/Technical
☐2 Years Vocational/Technical
☐Completed vocational training without high school diploma
☐None
☐Other
☐Unknown

Employment Status
Please select the client's employment status (check appropriate box):

Ask: What is your current employment status?

☐Full Time (32+ Hours A Week Not Including Armed Forces)
☐Full time training
☐Not in Labor Force - Homemaker
☐Not in the Labor Force - Other Not Seeking Employment In Past 30 Days
☐Not in the Labor Force - Resident/Inmate Of
☐Not in the Labor Force - Retired
☐Not in the Labor Force - Student
☐Not in the Labor Force
☐Part Time (16-32 Hours A Week)
☐Part time training
☐Rehab 20-39 hours/less
☐Rehab 39 hours/more
☐Unemployed – Seeking Employment
☐Unknown
☐Volunteer Work
☐Other

Consent

Please select **Yes or No** if the client has given consent to be contacted in the future (check appropriate box):
☐ Yes ☐ No

CalOMS Discharge

Disability

Please select identified disability per client's report (check appropriate box):

Ask: What type of disability / disabilities do you have, if any?

- ☐None
- ☐Hearing
- ☐Visual
- ☐Speech
- ☐Mobility
- ☐Mental
- ☐Developmentally Disabled
- ☐Other
- ☐Client declined to state
- ☐Client unable to answer

Record to be Submitted

Please select the type of discharge that is being submitted (check appropriate box):

☐ Discharge ☐ Discharge Update ☐ Discharge Delete ☐ None

Discharge Status

Please select the type of CalOMS **Standard** Discharge (check appropriate box):

- ☐ Completed treatment/recovery plan, goals/referred/standard (status 1)
- ☐ Completed treatment/recovery plan, goals/not referred/standard (status 2)
- ☐ Left before completion with satisfactory progress/referred/standard (status 3)
- ☐ Left before completion with unsatisfactory progress/referred/standard (status 5)

Alcohol and Drug Use

Primary Drug

Please select the client's primary drug of use (check appropriate box):
If **Other (Specify)** is selected, enter the name of the client's primary drug in the **Primary Drug Name**.

Ask: What is your primary alcohol or other drug problem?

- ☐Alcohol
- ☐Barbiturates
- ☐Cocaine/Crack
- ☐Ecstasy
- ☐Heroin
- ☐Inhalants
- ☐Marijuana/ Hashish
- ☐Methamphetamines
- ☐Non-Prescription Methadone
- ☐None
- ☐Other (specify) _____
- ☐Other Amphetamines
- ☐Other Club Drugs
- ☐Other Hallucinogens
- ☐Other Opiates and Synthetics
- ☐Other Sedatives or Hypnotics
- ☐Other Stimulants
- ☐Other Tranquilizers
- ☐Over-the-Counter
- ☐OxyCodone/OxyContin
- ☐PCP
- ☐Tranquilizer (Benzodiazepine)

Days of Primary Drug Use in the Last 30 Days

Please enter the drug use frequency.

Ask: How many days in the past 30 days have you used your primary drug of abuse? _____

Primary Drug Route of Administration
Please select the client's primary drug route (check appropriate box):

Ask: What usual route of administration do you use most often for your primary drug of abuse?

☐Oral
☐Smoking
☐Inhalation
☐Injection (IV or intramuscular)
☐None or Not Applicable
☐Other

Secondary Drug
Please select the client's secondary drug of use (check appropriate box):
If **Other (Specify)** is selected, enter the name of the client's secondary drug in the **Secondary Drug Name.**

Ask: What is your secondary alcohol or other drug problem?

☐Alcohol
☐Barbiturates
☐Cocaine/Crack
☐Ecstasy
☐Heroin
☐Inhalants
☐Marijuana/ Hashish
☐Methamphetamines
☐Non-Prescription Methadone
☐None
☐Other (specify) _____
☐Other Amphetamines
☐Other Club Drugs
☐Other Hallucinogens
☐Other Opiates and Synthetics
☐Other Sedatives or Hypnotics
☐Other Stimulants
☐Other Tranquilizers
☐Over-the-Counter
☐OxyCodone/OxyContin
☐PCP
☐Tranquilizer (Benzodiazepine)

Days of Secondary Drug Use in the Last 30 Days
Please enter the drug use frequency.

Ask: How many days in the past 30 days have you used your secondary drug of abuse? _____

In the **Secondary Drug Route of Administration**
Please select the client's secondary drug route (check appropriate box):

Ask: What usual route of administration do you use most often for your secondary drug of abuse?

☐Oral
☐Smoking
☐Inhalation
☐Injection (IV or intramuscular)
☐ None or Not Applicable
☐Other

Days of Alcohol Use in the Last 30 Days
Please enter the frequency of alcohol use in the last 30 days. This field is used when the primary and secondary drugs are not alcohol.

Ask: How many days in the past 30 days have you used alcohol? **_____**
***If the participant's primary or secondary drug problem is alcohol, enter 99902.**
Days of IV Use (Needle Use) in the Last 30 Days
Please enter the frequency of the IV use.

Ask: How many days have you used needles to inject drugs in the past 30 days? _____

Employment

Employment Status
Please select the client's employment status (check appropriate box):

Ask: What is your current employment status?

☐Employed Full Time (35 hours or more)
☐Employed Part Time (less than 35 hours)
☐Unemployed Looking for Work
☐Unemployed – (Not seeking)
☐Not in the labor force (Not seeking)

Days of Paid Works in the Last 30 Days
Please enter the number of work days the client has had in the past 30 days.

Ask: How many days were you paid for working in the past 30 days? _____

Enrolled in School
Please select the client's enrollment status (check appropriate box):

Ask: Are you currently enrolled in school?
☐ No ☐ Yes ☐ Client declined to state ☐ Client unable to answer

Enrolled in Job Training
Please select the client's job training status (check appropriate box):

Ask: Are you currently enrolled in a job training program?
☐ No ☐ Yes ☐ Client declined to state ☐ Client unable to answer

Highest School Grade Completed
Please select the client's highest school grade completed.

Ask: What is the highest school grade you completed? _____
Enter "99900" to indicate that the client declines to state
Enter "99904" to indicate that the client is unable to answer.

Criminal Justice

Number of – Please enter the number of times the client has been involved with the specified activity in the last 30 days.

Ask: How many times have you been arrested in the past 30 days? _____

Ask: How many days in the past 30 days were you in jail? _____

Ask: How many days has the client been in prison in the past 30 days? _____

Medical/Physical Health

Number of Emergency Room Visits in the Last 30 Days

Ask: How many times have you visited an emergency room in the past 30 days for physical health problems? _____

Days of Hospital Overnight Stay in the Last 30 Days

Ask: How many days have you stayed overnight in a hospital in the last 30 days for physical health problems? _____

Days with Medical Problems in the Last 30 Days

Ask: How many days in the past 30 days have you experienced physical health problems? _____

Pregnant At Any Time During Treatment

Please select **Yes, No or Not Sure/Don't Know** if the client was pregnant at any time during treatment (check appropriate box):

If discharge or annual update, **Ask**: Were you pregnant at any time during treatment?

☐ Yes ☐ No ☐ Not Sure/Don't know

HIV Tested

Please select the client's HIV testing status and results (check appropriate box):

Ask: Have you been tested for HIV/AIDS?

☐ No ☐ Yes ☐ Client declined to state ☐ Client unable to answer

Ask: Did you receive the results of your HIV/AIDS test?

☐ No ☐ Yes ☐ Client declined to state ☐ Client unable to answer

Mental Illness

Mental Illness

Please select **Yes, No or Not Sure/Don't Know** if the client has mental illness (check appropriate box):

Ask: Have you ever been diagnosed with a mental illness?

☐ No ☐ Not Sure/Don't know ☐ Yes

Emergency Room Use/Mental Health

Ask: How many times in the past 30 days have you received outpatient emergency services for mental health needs? _____

Psychiatric Facility Use

Please enter the number of days in the last 30 days the client has stayed for more than 24 hours in a hospital or psychiatric facility.

Ask: How many days in the past 30 days have you stayed for more than 24 hours in a hospital or psychiatric facility for mental health needs? _____

Mental Health Medication

Please indicate the client's mental health prescription medication use in the last 30 days.

Ask: In the past 30 days, have you taken prescribed medication for mental health needs? _____

Family/Social

Social Support

Please enter the number of days in the last 30 days the client has participated in social support recovery activities.

Ask: How many days have you participated in any social support recovery activities in the past 30 days such as 12-step meetings, other self-help meetings, religious/faith recovery or self-help meetings, meetings of organization other that those listed above, interactions with family members and/or friend support of recovery? _____

Current Living Arrangements
Please select the client's current living arrangement (check appropriate box):

Ask: What are your current living arrangements?

☐ Homeless
☐ Independent Living
☐ Dependent Living

Days Living with Someone
Please enter the number of days in the last 30 days the client has lived with someone who uses alcohol or drugs.

Ask: How many days in the past 30 days have you lived with someone who uses alcohol or other drugs? _____

Days with Family Conflict in the Last 30 Days
Please enter the number of days in the last 30 days the client had serious conflicts with their family.

Ask: How many days in the past 30 days have you had serious conflicts with members of your family? _____

Number of Children
Please enter the **number** of children associated with the client.

Ask: How many children do you have aged 17 or younger (birth or adopted) whether they live with you or not? _____

Ask: How many children (birth or adopted) do you have aged five years or younger? _____

Ask: How many of your children (birth or adopted) are living with someone else because of a child protection court order? _____

Ask: If you have children (birth or adopted) living with someone else because of a child protection court order, for how many of these children aged 17 or under have your parental rights been terminated? _____

San Bernardino County DBH-SUDRS CalOMS Standard Discharge - Instructions

Please **ask** all the questions provided in this packet and enter them appropriately. Please solicit enough information from the client and document that information thoroughly to ensure all the appropriate information is collected.

Client Information

Enter Birth First Name. Please enter the client's first name at birth.
• Enter "**99902**" if the client does not have a birth first name.
• Enter "**99904**" if the client is unable to provide an answer.

Birth Last Name. Please enter the client's last name at birth.
• Enter "**99904**" if the client is unable to provide an answer.

Current First Name. Please enter the client's first name if different from the birth name.
• Enter "**99904**" if the client is unable to provide an answer.

Current Last Name. Please enter the client's last name if different from the birth name.
• Enter "**99904**" if the client is unable to provide an answer.

Social Security Number. Please enter the client's social security number.
• Enter "**99900**" to indicate that the client declines to state their social security number.
• Enter "**99904**" to indicate that the client is unable to answer.

ZIP Code At Current Residence. Please enter the client's ZIP code.
• Enter "**00000**" to indicate that the client is homeless and update the **Current Living Arrangements** on the **Family/Social** section accordingly.
• Enter "**99900**" to indicate that the client declines to state their ZIP code.
• Enter "**99904**" to indicate that the client is unable to answer.

Counselor Name - Please enter the name of the counselor who completed this packet.

Date - Please enter the date the packet is being completed.

Discharge

Episode Number. Please enter episode number.

Date of Discharge. Please enter date of discharge.

Time of Discharge. Please enter time of discharge.

Discharge Practitioner. Please enter the name of the discharging practitioner that is closing the CalOMS episode.

Type of Discharge. Please select the type of CalOMS **Standard** Discharge.

Type of Discharge. Please select the type of Discharge.

Demographic

Current First Name. Please enter the client's current first name.

Current Last Name. Please enter the client's current last name.

Address. Please enter the client's address with city, county and state.

Zip Code at Current Residence. Please enter the client's current zip code.

Home Phone Number. Please enter the client's phone number.

Education. Please select the client's highest school grade completed

Employment Status. Please select the client's employment status.

Disability. Please select identified disability per client's report.

Consent. Please select **Yes or No** if the client has given consent to be contacted in the future (check appropriate box):

Record to be Submitted. Please select the type of discharge that is being submitted.

CalOMS Discharge

Discharge Status. Please select the type of CalOMS **Standard** Discharge.

Discharge Status. Please select the type of Discharge.

Alcohol and Drug Use

Primary Drug. Please select the client's primary drug of use.
If **Other (Specify)** is selected, enter the name of the client's primary drug in the **Primary Drug Name**.

Days of Primary Drug Use in the Last 30 Days. Please enter the drug use frequency.
Primary Drug Route of Administration. Please select the client's primary drug route.
Secondary Drug. Please select the client's secondary drug of use.
If **Other (Specify)** is selected, enter the name of the client's secondary drug in the **Secondary Drug Name.**

Days of Secondary Drug Use in the Last 30 Days. Please enter the drug use frequency.
Secondary Drug Route of Administration. Please select the client's secondary drug route. This field is used when the primary and secondary drugs are not alcohol.
• Enter "**99902**" **if the participant's primary or secondary drug problem is alcohol.**

Days of IV Use (Needle Use) in the Last 30 Days. Please enter the frequency of the IV use.

Employment

Employment Status. Please select the client's employment status

Days of Paid Works in the Last 30 Days. Please enter the number of work days the client has had in the past 30 days.

Enrolled in School. Please select the client's enrollment status.

Highest School Grade Completed. Please select the client's highest school grade completed.
• Enter "**99900**" to indicate that the client declines to state.
• Enter "**99904**" to indicate that the client is unable to answer.

Criminal Justice

Number of – Please enter the number of times the client has been involved with the specified activity in the last 30 days.
How many times has the client been arrested in the past 30 days?
How many days in the past 30 days was the client in jail?
How many days has the client been in prison in the past 30 days?

Medical/Physical Health

Number of Emergency Room Visits in the Last 30 Days. Please enter the number of times the client has visited an emergency room for physical health problems.

Number of days of Hospital Overnight Stay in the Last 30 Days. Please enter the number of days the client stayed overnight in a hospital for physical health problems.

Number of days with Medical Problems in the Last 30 Days. Please enter the number of days the client experienced physical health problems.

Pregnant At Any Time During Treatment. Please select **Yes, No or Not Sure/Don't Know** if the client was pregnant at the time during treatment.

HIV Tested. Please select the client's HIV testing status and results.
Has the client been tested for HIV/AIDS?
Did the client receive the results of your HIV/AIDS test?

Mental Illness

Mental Illness. Please select **Yes, No or Not Sure/Don't Know** if the client has mental illness

Emergency Room Use/Mental Health. Please enter the number of times in the past 30 days the client received outpatient emergency services for mental health needs.

Psychiatric Facility Use. Please enter the number of days in the last 30 days the client has stayed for more than 24 hours in a hospital or psychiatric facility.

Mental Health Medication. Please indicate the client's mental health prescription medication use in the last 30 days.

Family/Social

Social Support. Please enter the number of days in the last 30 days the client has participated in social support recovery activities.

Current Living Arrangements. Please select the client's current living arrangements.

Living with Someone. Please enter the number of days in the last 30 days the client has lived with someone who uses alcohol or drugs.

Family Conflict Last 30 Days. Please enter the number of days in the last 30 days the client had serious conflicts with their family.

Number of Children. Please enter the **number** of children associated with the client.
How many children the client has aged 17 or younger (birth or adopted) whether they live with you or not?
How many children (birth or adopted) the client has aged five years or younger?
How many of the client's children (birth or adopted) are living with someone else because of a child protection court order?
If the client has children (birth or adopted) living with someone else because of a child protection court order, for how many of these children aged 17 or under have your parental rights been terminated?